

FIG. 2
BACKGROUND ART

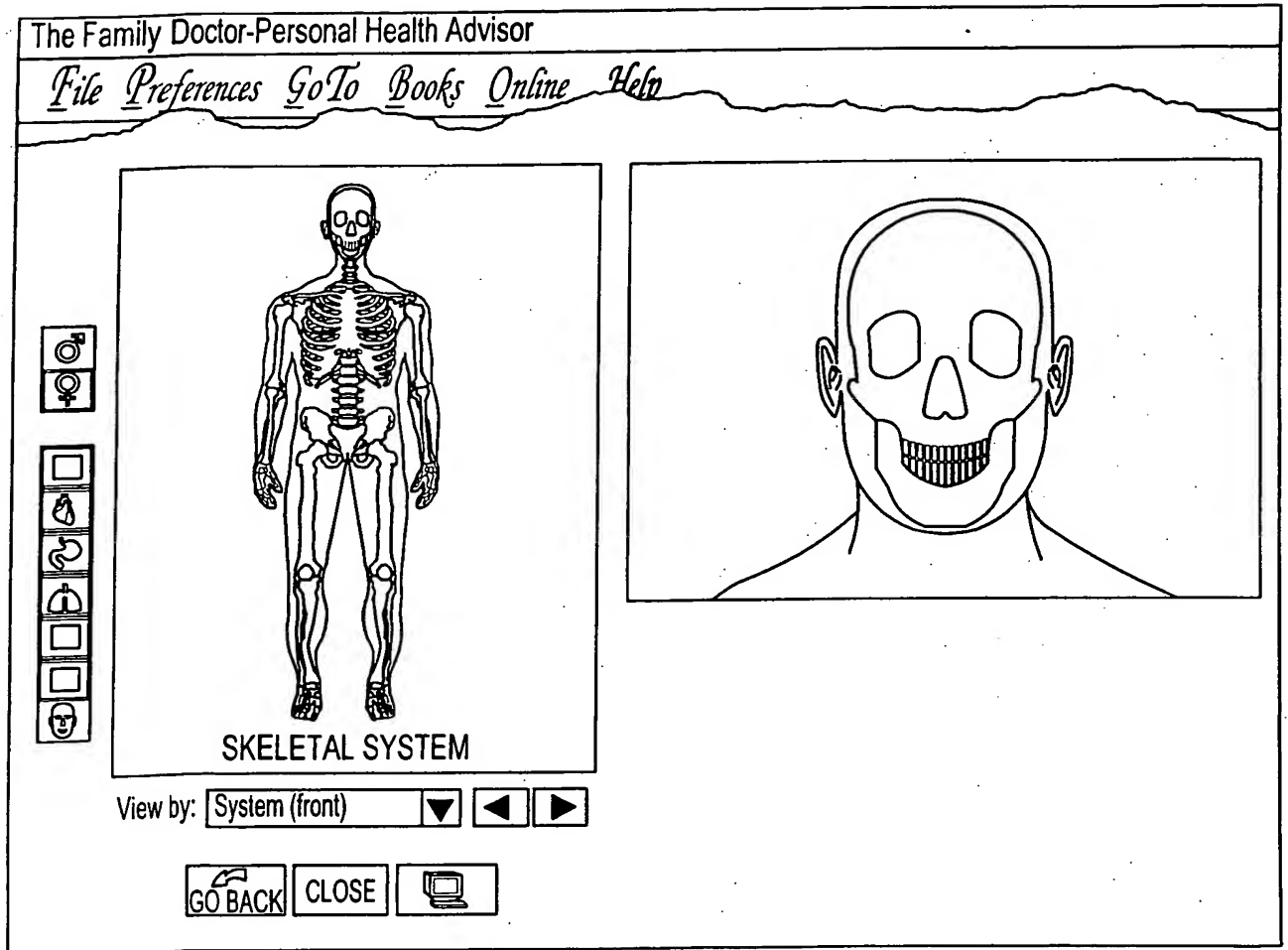


FIG. 3
BACKGROUND ART

The Family Doctor-Personal Health Advisor

File Preferences Go To Books Online Help

EXIT

LIBRARY

EXAM ROOM

PERSONAL PROFILE

NAME: Guest
Address:
Date of Birth: / /
Sex: M F O
Blood Type: O O+ O A+ O B+
O O- O A- O B-
O AB+ O AB- O Unknown
Height:
Weight:
Contact Lenses or Glasses? Yes O No ●
Hearing Impaired? Yes O No ●
Current Medications:
Emergency Contact:

PERSONAL PROFILE

IMMUNIZATION RECORDS

FAMILY HISTORY

MEDICAL HISTORY

NOTES

FIG. 4
BACKGROUND ART

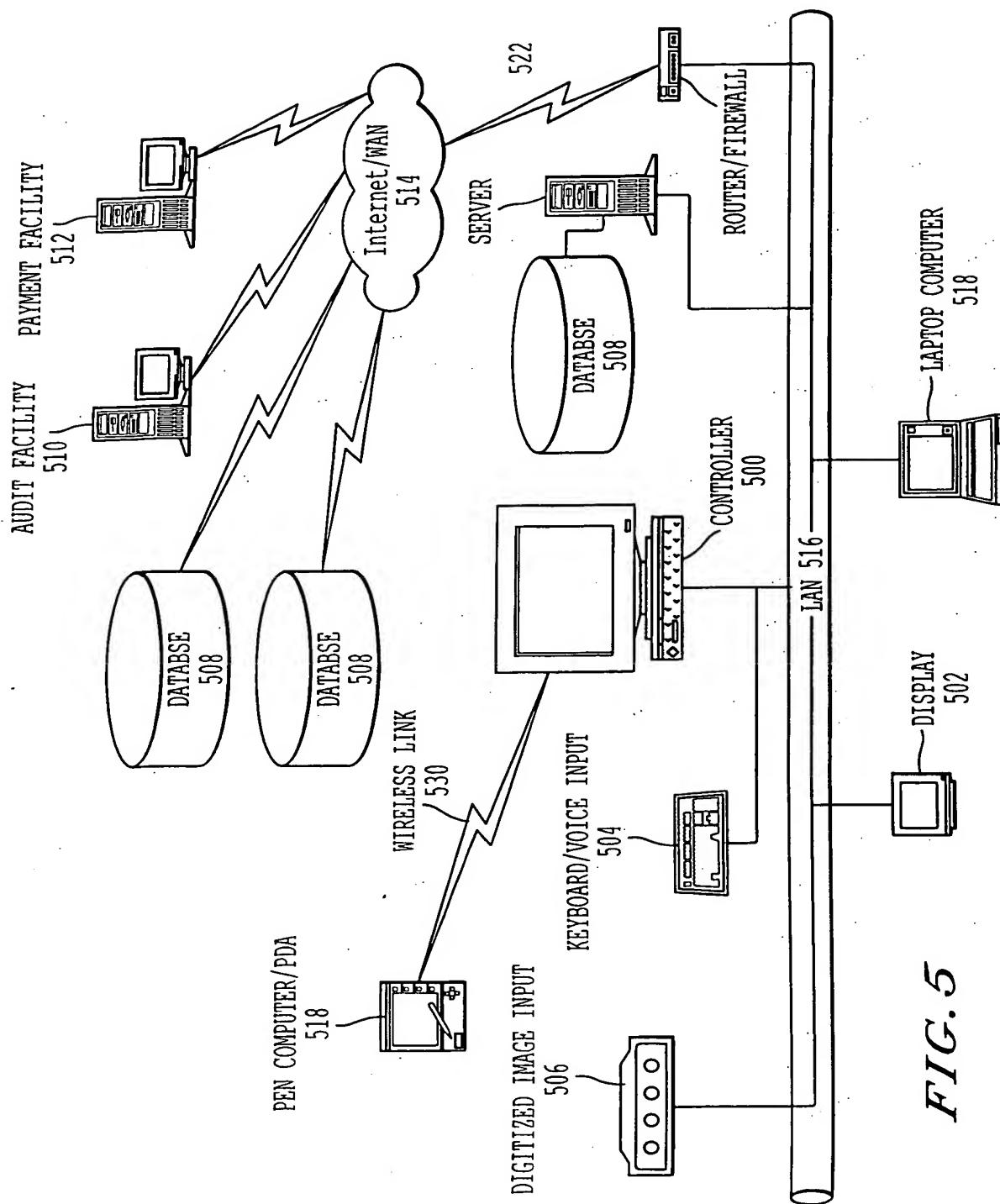
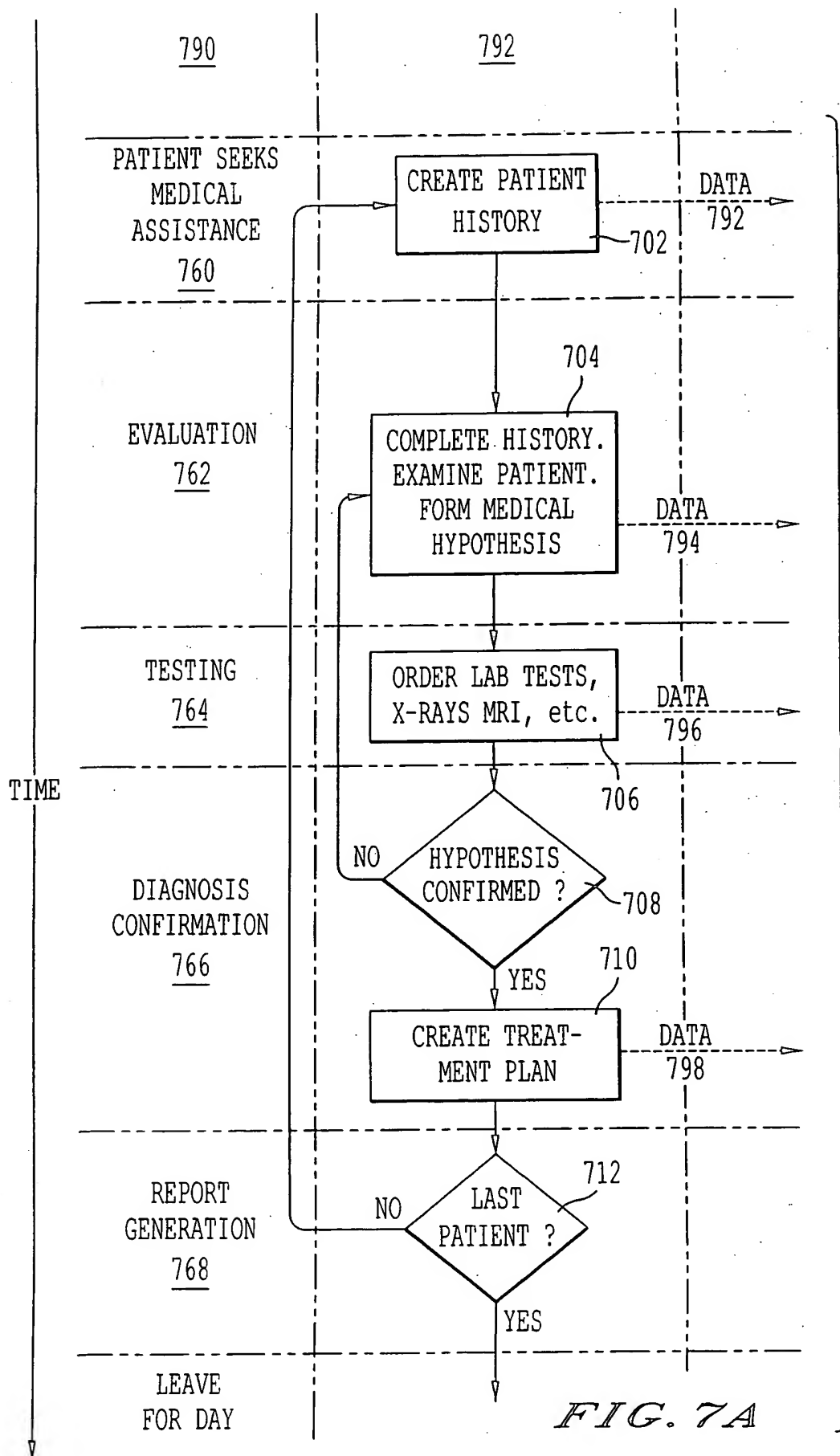
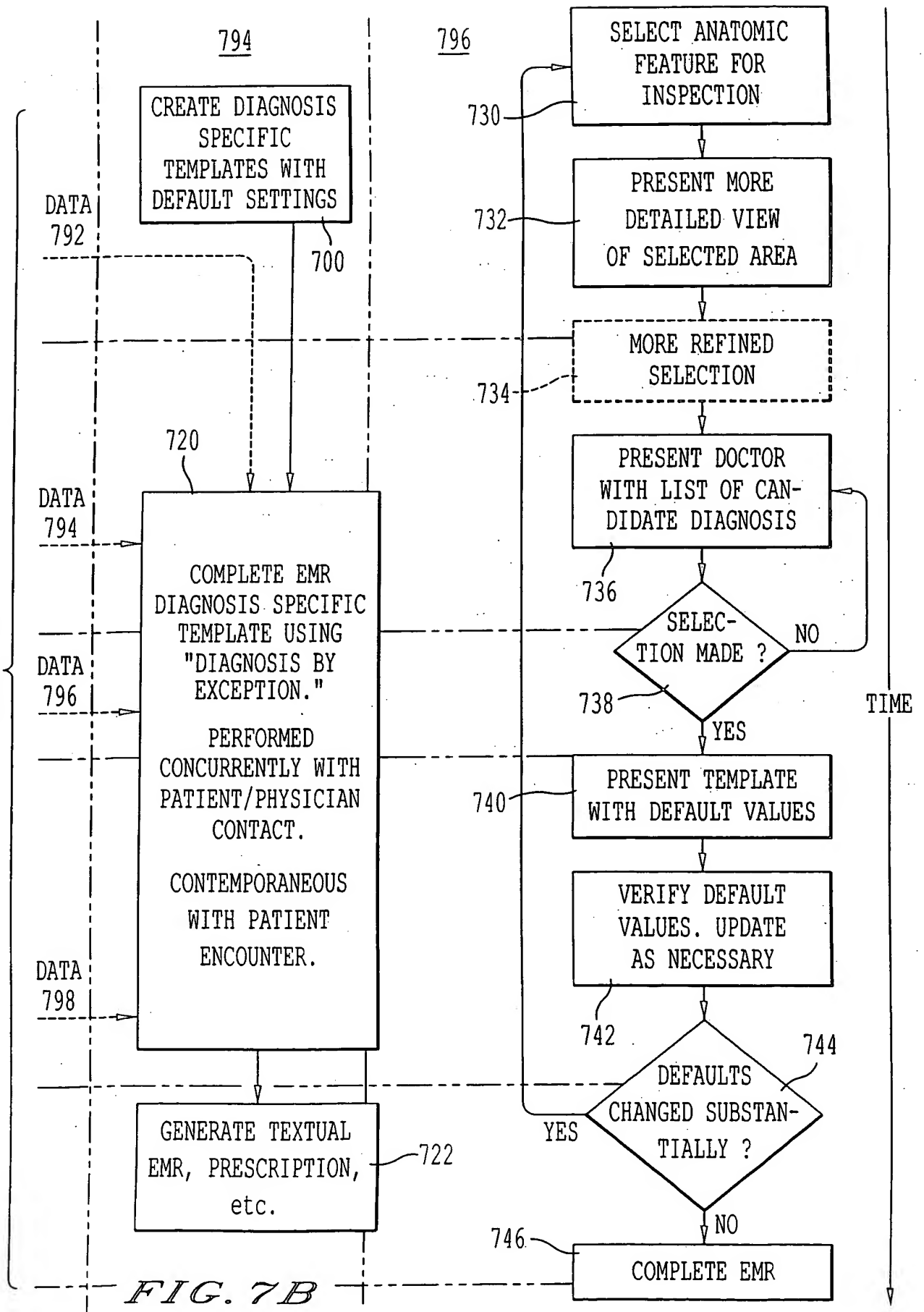


FIG. 5

FIG. 6





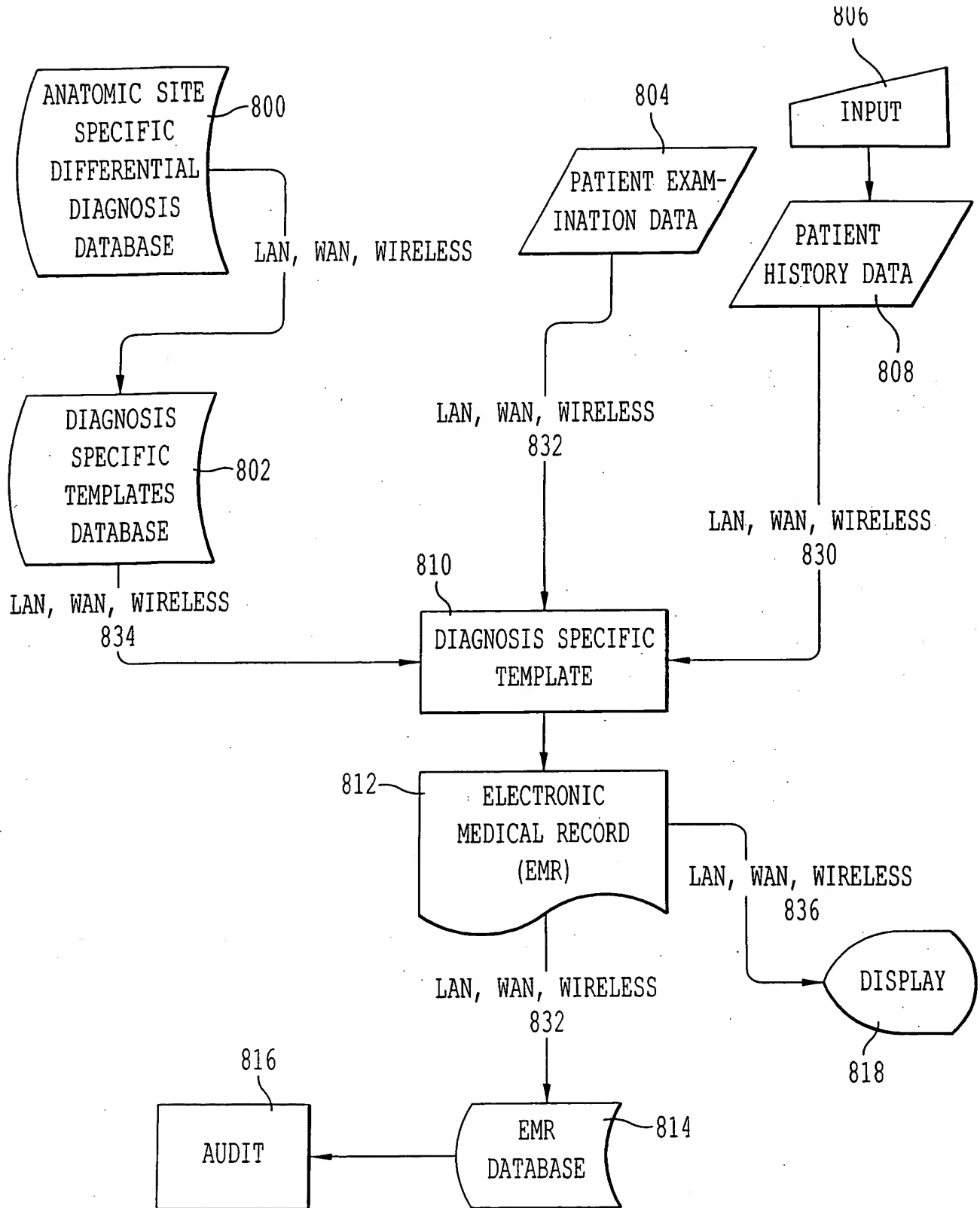


FIG. 8

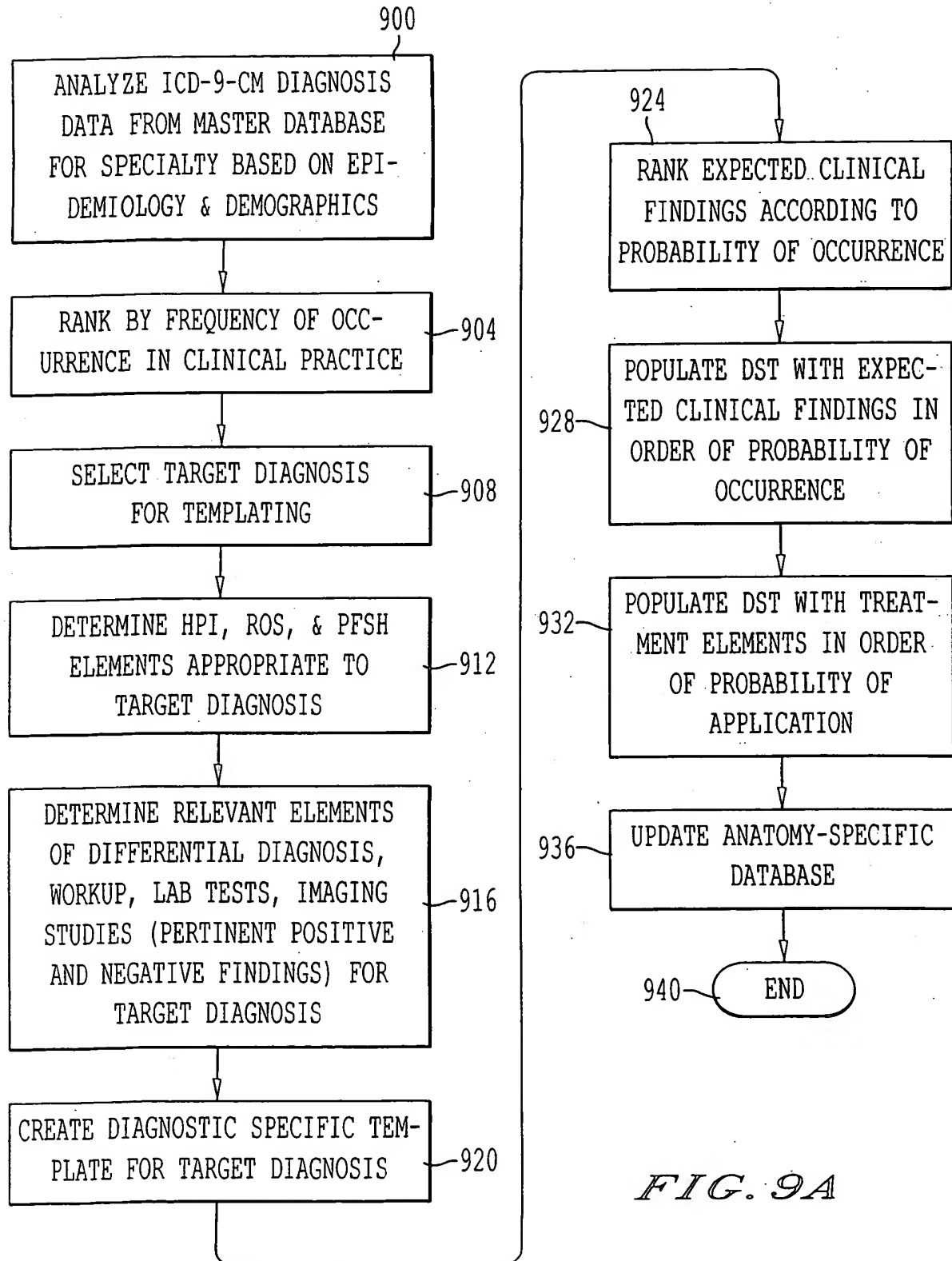


FIG. 9A

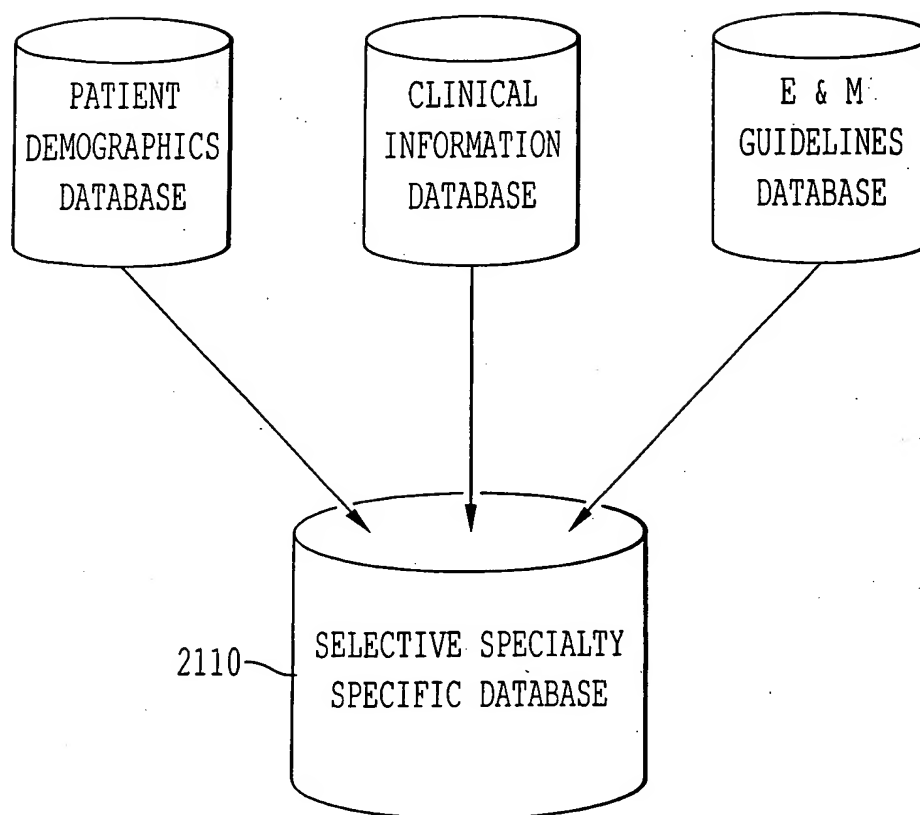


FIG. 9B

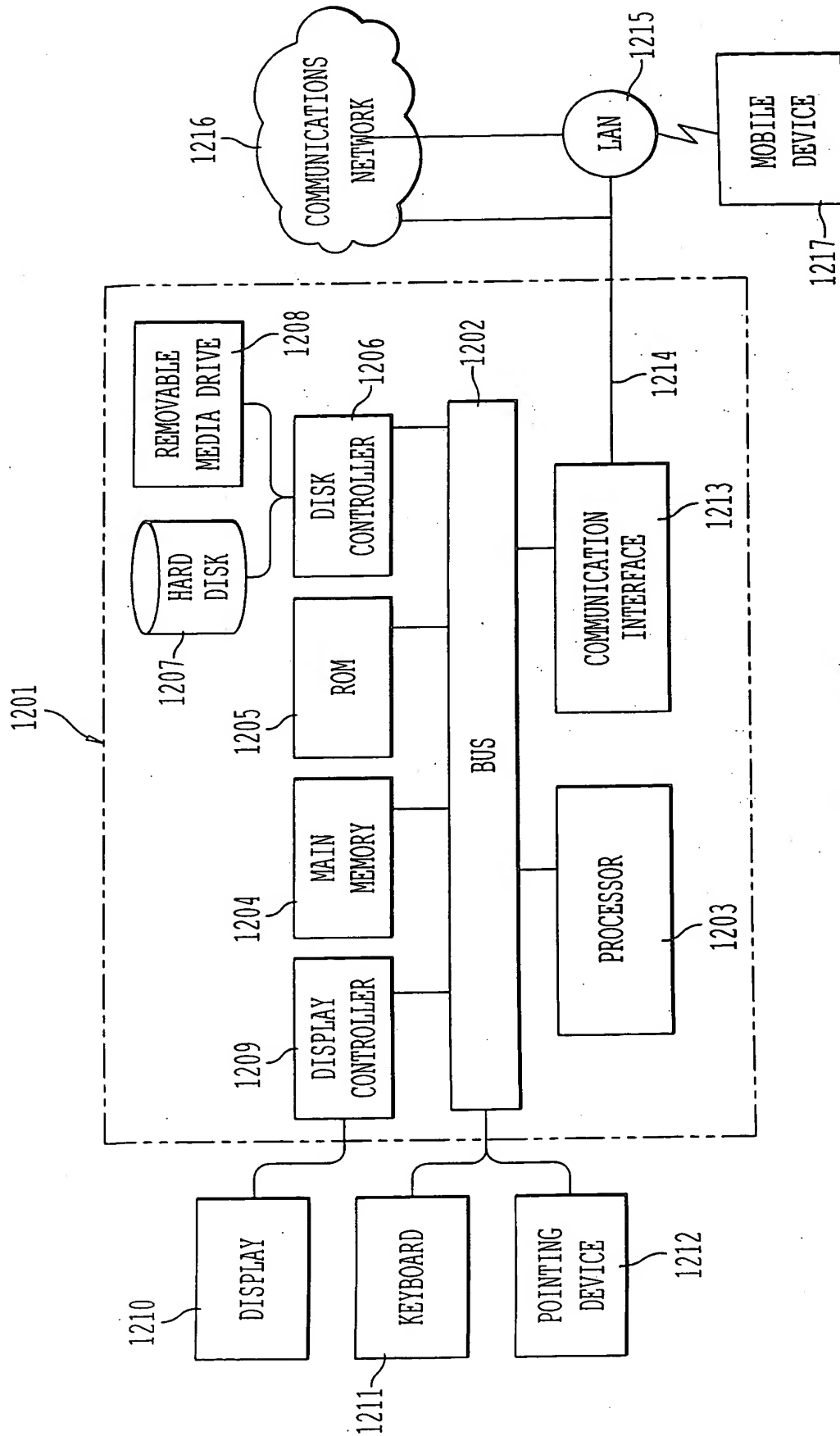


FIG. 10

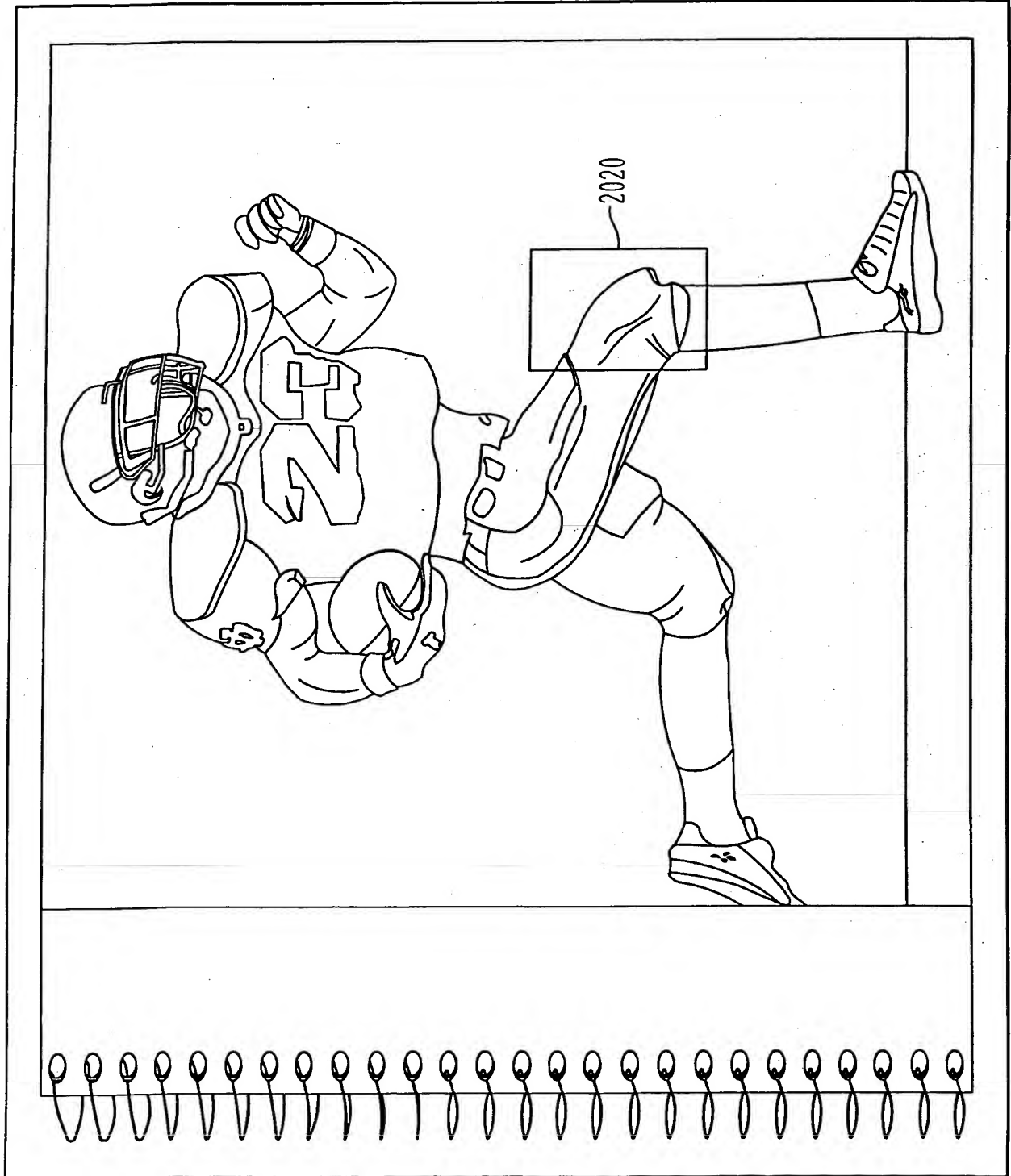


FIG. 11A

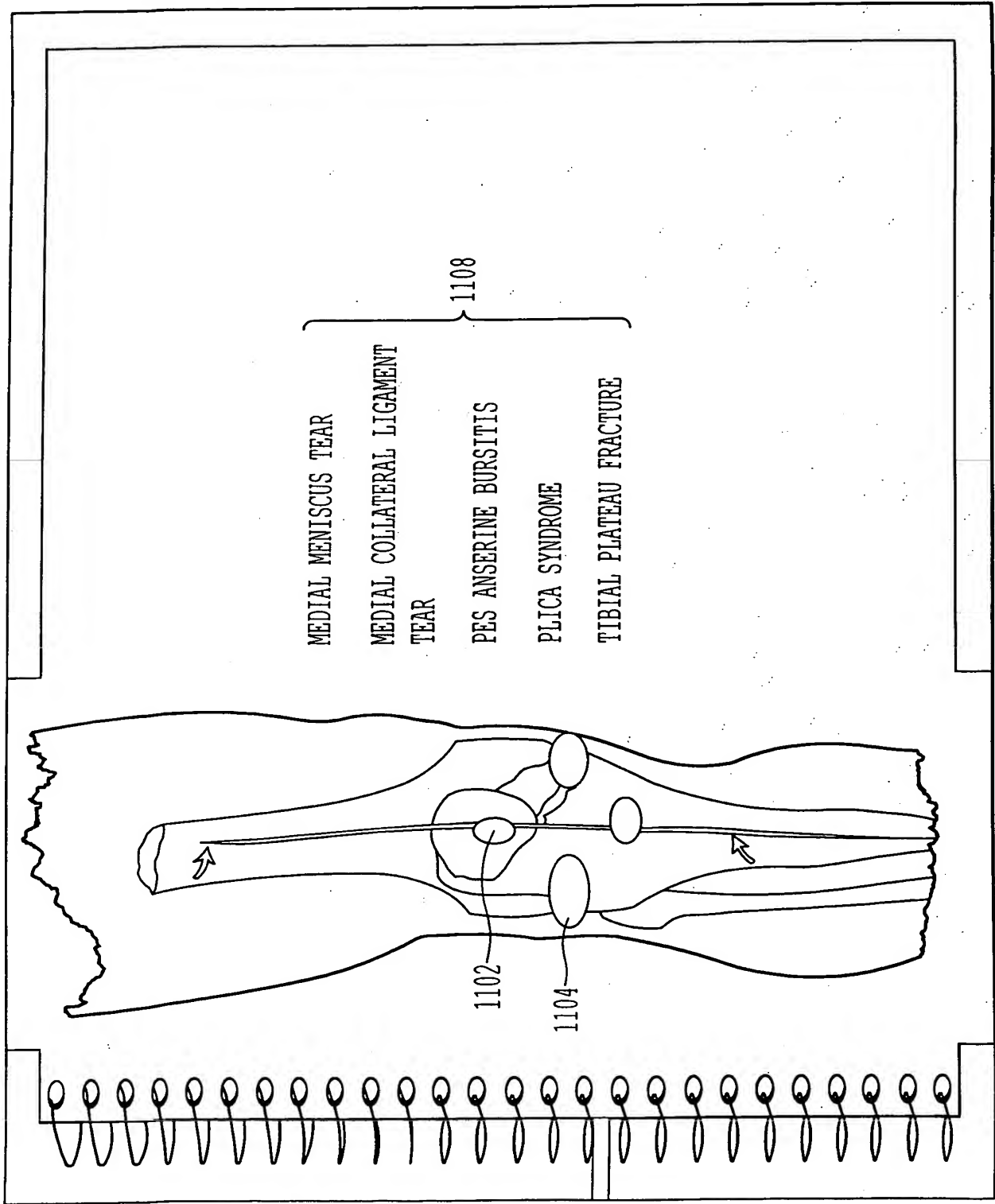


FIG. 11B

12106	ANATOMY-SPECIFIC PRESENT PATIENT HISTORY
12104	KNEE
12106	MEDIAL MENISCUS TEAR ACUTE
12108	RIGHT KNEE / LEFT KNEE / BOTH KNEES
DURATION:	
DAYS / WEEKS / MONTHS / YEARS	
1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11	
12118	ONSET:
12120	SUDDEN
12122	NO INJURY
12126	INJURY
12128	FALL / TWIST / IMPACT / OVERUSE PLAYING SOCCER / TENNIS / BASEBALL BASKETBALL / GOLF / FOOTBALL LACROSS / GYMNASTIC / RUNNING
: AT WORK	
GRADUAL	
: UNUSUAL ACTIVITY?: YES / NO	
SLJBACUTE	
POP OR SNAP NOTED	
NO / YES	
LOCATION OF PAIN	
- KNEE	
FRONT / BACK / INSIDE / OUTSIDE	
.. (ANTERIOR / POSTERIOR.. / MEDIAL / LATERAL	
JOINT LINE	
.., ALL OVER	

12170	hx
12172	pe
12176	rad
12178	diag
12180	plan
12182	report

FIG. 12A

hx

pe

rad

diag

plan

report

KNEE P.E.

MEDIAL MENISCUS TEAR ACUTE

(POSITIVE FINDINGS ONLY)

INSPECTION — 12210

12208 — Color — Normal

Abnormal — Slight / Moderate / Severe

Ecchymosis

Erythema

Pallor

Plethora

Cyanosis

12222 — Clinical Deformity — no

Ant / Post / Med / Lat

Mild / Mod / Severe — 12226

12234 — Atrophy (No, Mild, Moderate, Marked)

Swelling — No

Localized

Mild / Mod / Severe

Ant / Post / Med / Lat

12250 — Diffuse

Slight / Mod / Marked

Ant / Post / Med / Lat

Prepatellar Bursa

Infrapatellar Bursa

Pes Anserine Bursa

Popliteal Space

Calf

FIG. 12B

<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> hx pe rad diag plan report </div> </div>		<p>Effusion ---- None Mild / Mod / Marked</p> <p>PALPATION</p> <p>Normal</p> <p>Tenderness ---- none - Slight / Mod / Marked</p> <p>Trigger</p> <p>Diffuse</p> <p>Joint Line</p> <p>Ant / Post / Med / Lat</p> <p>Medial collateral ligament</p> <p>Proximal Attachment</p> <p>Distal Attachment</p> <p>Patella ----</p> <p>Medial</p> <p>Lateral</p> <p>Medial and Lateral</p> <p>Tibial Tubercle</p> <p>Prepatellar Bursa</p> <p>Infrapatellar Bursa</p> <p>Lateral Condyle</p> <p>Medial Condyle</p> <p>Fibular Head</p> <p>Popliteal Space</p> <p>Calf</p> <p>Calor ---- Normal Increased</p> <p>Mild / Mod / Marked</p> <p>Mass ---- No</p> <p>Soft / Firm / Doughy / Hard / Flocculent</p>
--	--	--

FIG. 12C

hx

pe

rad

diag

plan

report

PASSIVE ROM

Normal

Decreased --- Slightly / Moderately / Markedly

WITH --- Mild / Moderate / Marked PAIN

WITHOUT pain

WITH creptance

EXT _____ Degrees ---

0 10 20 30 40 50 60 70 80 90 100 110 120 130 140

FLEX _____ Degrees ---

0 10 20 30 40 50 60 70 80 90 100 110 120 130 140

150 160 170

MC MURRAY'S TEST

NEGATIVE

POSITIVE -- WITH PAIN BUT NO CLICK

-- WITH PAIN AND A CLICK

INSTABILITY

No

Mild / Mod / Marked

ANTERIOR

* Lachman Test (+) / (-) / (+/-)

* Anterior Drawer Sign (+) / (-) / (+/-)

* Pivot Shift Test (+) / (-) / (+/-)

POSTERIOR

* Posterior drawer --- (+) / (-) / (+/-)

* Sag Sign (+) / (-) / (+/-)

LATERAL

MEDIAL

FIG. 12D

hx

pe

rad

diag

plan

report

Crepitance --- No

Mild / Mod / Marked

Subcutaneous

Deep

Adenopathy --- NO

Yes -- groin

Popliteal cyst -- no

- small / medium / large

Popliteal aneurysm -- no

- small / medium / large

Phlebitis -- No tenderness, color, cords or significant swelling

Calf,

Medial Thigh

Homan's Test - negative

- positive

Size _____

Diameter

RANGE OF MOTION

ACTIVE and PASSIVE ROM -- Normal

ACTIVE ROM

Normal

Decreased --- Slightly / Moderately / Markedly

WITH pain -- Mild / Moderate / Marked

WITHOUT pain

WITH crepitance

EXT _____ Degrees ---

(-10)	0	10	20	30	40	50	60	70	80	90	100	110	120	130	140
-------	---	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----

FLEX _____ Degrees

0	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170
---	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----

FIG. 12E

<div><div>hx</div><div>pe</div><div>rad</div><div>diag</div><div>plan</div><div>report</div></div>		<p><u>NEUROLOGIC :</u></p> <p>MOTOR, SENSORY, AND REFLEXES NORMAL</p> <p>MOTOR :</p> <ul style="list-style-type: none">- WEAK EXTENSION- WEAK FLECTION- ABSENT EXTENSION <p>SENSORY :</p> <ul style="list-style-type: none">- NORMAL- HYPESTHESIA (M/L/A/P)- ANESTHESIA (M/L/A/P) <p>REFLEXES :</p> <ul style="list-style-type: none">- NORMAL- KNEE JERK : NORMAL DIMINISHED- ANKLE JERK : NORMAL DEMINSISHED <p><u>VASCULAR</u></p> <p>NORMAL DORSALIS PEDIS AND POSTERIOR TIBIAL PULSES</p> <p>DORSALIS PEDIS</p> <ul style="list-style-type: none">- NORMAL- DEMINISHED <p>POSTERIOR TIBIAL</p> <ul style="list-style-type: none">- NORMAL- DEMINISHED
--	--	--

FIG. 12F

13102 TEXT SUMMARY
PRESENT HISTORY
MEDIAL MENISCUS TEAR

THIS IS A 25 YR. OLD, CAUCASIAN MAN, WHO SUSTAINED A SPORTS INJURY TO HIS RIGHT KNEE WHEN HE FELL AND TWISTED IT PLAYING SOCCER 5 DAYS AGO. 13122

HE HAD IMMEDIATE PAIN OVER THE MEDIAL JOINT LINE. NO POP OR SNAP WAS NOTED. HE NOTED MILD SWELLING OF SLOW ONSET. HE IS UNABLE TO FULLY FLEX OR EXTEND THE KNEE. THE PAIN HAS SINCE BEEN CONSTANT. NO ECCHYMOSIS, ERYTHEMA, NUMBNESS, BUCKLING, GRINDING OR CALF PAIN HAVE BEEN NOTED. HIS PAIN IS GETTING WORSE.

HE FEELS BETTER WITH ICE, REST, KNEE FLEXION, AND IBUPROFEN. HIS PAIN IS MADE WORSE WITH ACTIVITY, KNEE EXTENSION, TWISTING, SQUATTING, AND RUNNING. HE IS UNABLE TO PARTICIPATE IN SPORTS AND IS LIMITED IN ACTIVITIES OF DAILY LIVING. HE HAS MISSED 3 DAYS OF WORK DUE TO THE INJURY.

hx

pe

rad

diag

plan

report

FIG. 13A

PHYSICAL EXAM:
MEDIAL MENISCUS TEAR - ACUTE
TEXT

13210 13218

13214 INSPECTION REVEALED NORMAL SKIN COLOR WITH NO
13220 CLINICAL DEFORMITY OR ATROPHY. THERE WAS MODERATE,
DIFFUSE SWELLING. A MODERATE EFFUSION WAS PRESENT.

PALPATION REVEALED MARKED, TRIGGER TENDERNESS
OVER THE MEDIAL JOINT LINE. NO COLOR, MASSES,
CREPITANCE, ADNOPATHY, POPLITEAL CYSTS, ANEURYSMS
OR PHLEBITIS WAS NOTED.

ACTIVE AND PASSIVE MOTION WAS DECREASED
SLIGHTLY WITH MODERATE PAIN. MCMURRAYS TEST WAS
POSITIVE FOR MEDIAL PAIN BUT NO CLICK. NO INSTABILITY
WAS NOTED.

LACHMAN TEST, ANTERIOR DRAWER, POSTERIOR
DRAWER, PIVOT SHIFT AND SAG SIGN WERE NEGATIVE.
NEUROLOGICAL EXAM SHOWED NORMAL MOTOR.
SENSORY, AND REFLEXES. VASCULAR EXAM SHOWED NORMAL
DORSALIS PEDIS AND POSTERIOR TIBIAL PULSES.

hx

pe

rad

diag

plan

report

FIG. 13B

KNEE : NORMAL (AGE < 15 YRS)

LATERAL, SUNRISE AND STANDING ANT/POST
X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE
OFFICE AND INTERPRETED BY ME SHOW NO ACUTE OR
CHRONIC CHANGES. THE JOINT SPACES ARE WELL
PRESERVED; NO OSTEOPHYTES ARE NOTED;
MINERALIZATION IS GOOD; NO OSTEOCHONDRAL
DEFECTS ARE NOTED; PATELLAR ALIGNMENT IS
SATISFACTORY. PHYSSES ARE PATENT AND APPEAR
NORMAL

SIG. _____

hx

pe

rad

diag

plan

report

FIG. 14

KNEE : AGE > 65 YRS
MILD DJD MEDIAL

LATERAL, SUNRISE AND STANDING ANT/POST
X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE
OFFICE AND INTERPRETED BY ME SHOW NO ACUTE
CHANGES. THE MEDIAL JOINT SPACE IS SLIGHTLY
NARROW AND MAY SHOW SLIGHT SUBCHONDRAL
SCLEROSIS. THE OTHER JOINT SPACES ARE WELL
PRESERVED; NO OSTEOPHYTES ARE NOTED;
MINERALIZATION IS GOOD; NO OSTEOCHONDRAL
DEFECTS ARE NOTED; PATELLAR ASSIGNMENT IS
SATISFACTORY.

SIG. _____

hx

pe

rad

diag

plan

report

FIG. 15

X - RAYS

KNEE : NORMAL (AGE 15 - 65 YRS)

LATERAL, SUNRISE AND STANDING ANT/POST
X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE
OFFICE AND INTERPRETED BY ME SHOW NO ACUTE OR
CHRONIC CHANGES. THE JOINT SPACES ARE WELL
PRESERVED; NO OSTEOPHYTES ARE NOTED;
MINERALIZATION IS GOOD; NO OSTEOCHONDRAL
DEFECTS ARE NOTED;
PATELLAR ALIGNMENT IS SATISFACTORY.

SIG. _____

hx

pe

rad

diag

plan

report

FIG. 16

OUTSIDE X-RAYS WITH PATIENT :

NORMAL

THE PATIENT BRINGS X-RAYS OF THE RIGHT
KNEE TAKEN _____, IN ANT/POST, LATERAL AND
OBLIQUE VIEWS. THEY ARE REVIEWED BY ME WITH
THE PATIENT. THEY SHOW NO ACUTE OR CHRONIC
CHANGES. THE JOINT SPACES ARE WELL PRESERVED;
NO OSTEOPHYTES ARE NOTED; MINERALIZATION IS
GOOD; NO OSTEOCHONDRAL DEFECTS ARE NOTED. A
SUNRISE VIEW IS TAKEN TODAY WHICH I FEEL SHOWS
THAT PATELLAR ALIGNMENT IS SATISFACTORY.

SIG. _____

hx

pe

rad

diag

plan

report

FIG. 17

<p>1802 — TREATMENT: KNEE MEDIAL MENISCUS TEAR - ACUTE</p>	
<p>SURGERY:</p>	
1806	PROVIDED EDUCATIONAL BROCHURES AND INFORMED CONSENT INFORMATION
1820	ARTHROSCOPY OPEN REPAIR TOTAL KNEE EXCISION OF CYST
PHYSICAL THERAPY:	
BIW x 2/3/4/5/6/7/8 WKS TIW x 2/3/4/5/6/7/8 WKS	
REST, ICE AND ELEVATION	
CRUTCHES AS NEEDED	
CRUTCHES PROVIDED	
KNEE SUPPORT	
COMPRESSIVE	
HINGED/NEOPRENE	
PATELLAR STABILIZER	
IMMOBILIZER	
NSAID	
IBUPROPHEN	
ALEVE	
TRIBUFFERED ASPERIN	
OTHER _____	
1844	INDOCIN VIOXX CELEBREX
ANALGESICS	
TYLENOL	
DARVOCET N-100	
TYLENOL #3	
OTHER _____	
VICODIN VICOPROFEN PERCOCET	

1870

hx

pe

rad

diag

plan

report

FIG. 18

1902 — SUMMARY TEXT H.P.I. + P.E.
1904 — MEDIAL MENISCUS TEAR — ACUTE

PATENT NAME: CHASE LOUNGE
DATE OF CONSULTATION: 12/12/00
REFERRING PHYSICIAN: NAUGA HYDE, MD

1920 — THIS IS A 25 YR. OLD, CAUCASIAN MAN, WHO SUSTAINED A SPORTS INJURY TO HIS RIGHT KNEE WHEN HE FELL AND TWISTED IT PLAYING SOCCER 5 DAYS AGO.

HE HAD IMMEDIATE PAIN OVER THE MEDIAL JOINT LINE. NO POP OR SNAP WAS NOTED. HE NOTED MILD SWELLING OF SLOW ONSET. HE IS UNABLE TO FULLY FLEX OR EXTEND THE KNEE. THE PAIN HAS SINCE BEEN CONSTANT. NO ECCHYMOSIS, ERYTHEMA, NUMBNESS, BUCKLING, GRINDING OR CALF PAIN HAVE BEEN NOTED. HIS PAIN IS GETTING WORSE.

HE FEELS BETTER WITH ICE, REST, KNE FLEXION, AND IBUPROFEN. HIS PAIN IS MADE WORSE WITH ACTIVITY, KNEE EXTENSION, TWISTING, SQUATTING, AND RUNNING. HE IS UNABLE TO PARTICIPATE IN SPORTS AND IS LIMITED IN ACTIVITIES OF DAILY LIVING. HE HAS MISSED 3 DAYS OF WORK DUE TO THE INJURY.

INSPECTION REVEALED NORMAL SKIN COLOR WITH NO CLINICAL DEFORMITY OR ATROPHY. THERE WAS MODERATE, DIFFUSE SWELLING. A MODERATE EFFUSION WAS PRESENT.

PALPATION REVEALED MARKED, TRIGGER TENDERNESS OVER THE MEDIAL JOINT LINE. NO CALOR, MASSES, CREPITANCE, ADENOPATHY, POPLITEAL SYSTS, ANEURYSMS OR PHLEBITIS WAS NOTED.

ACTIVE AND PASSIVE MOTION WAS DECREASED SLIGHTLY WITH MODERATE PAIN. MCMURRAYS TEST WAS POSITIVE FOR MEDIAL PAIN BUT NO CLICK. NO INSTABILITY WAS NOTED.

LACHMAN TEST, ANTERIOR DRAWER, POSTERIOR DRAWER, PIVOT SHIFT AND SAG SIGN WERE NEGATIVE.

FIG. 19A

NEUROLOGIC EXAM SHOWED NORMAL, MOTOR, SENSORY,
AND REFLEXES. VASCULAR EXAM SHOWED NORMAL DORSAL
PEDIS AND POSTERIOR TIBIAL PULSES.

X-RAYS RIGHT KNEE:

LATERAL, SUNRISE AND STANDING ANT/POST
X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE OFFICE
AND INTERPRETED BY ME SHOW NO ACUTE OR CHRONIC
CHANGES. THE JOINT SPACES ARE WELL PRESERVED; NO
OSTEOPHYTES ARE NOTED; MINERALIZATION IS GOOD; NO
OSTEOCHONDRAL DEFECTS ARE NOTED;
PATELLAR ALIGNMENT IS SATISFACTORY.

SIG. _____

DIAGNOSTIC IMPRESSION: TORN MEDIAL MENISCUS, RIGHT
KNEE, ACUTE (ICD-9 CODE 836.0)

DIAGNOSTIC STUDIES: MRI

TREATMENT PLAN:

REST, ICE AND ELEVATION
CRUTCHES AS NEEDED – CRUTCHES PROVIDED
KNEE SUPPORT – COMPRESSIVE
NSAID – ALEVE

REPORT TO PCP
OFU AFTER MRI

SIG. _____

FIG. 19B